



# *Your Health Matters*

Working Together Toward Better Care



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Your Health Matters: Working Together Toward Better Care

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Department of Health

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# Minister's Message



As a member of government since 1999, and now as health minister, I've talked to a lot of people about health care. Like most Nova Scotians, I've also been a patient myself.

Some things are clear. We have more doctors and nurses than we did three years ago. But we need more. We know that people wait too long for some tests and treatments.

We also know that the people who care for us are exceptional and are our greatest assets in making a difference in the health and health care of Nova Scotians.

Since forming government, we have continued to make progress towards better health care for Nova Scotians.

We have replaced large, bureaucratic health boards with smaller district health authorities to work more closely with their communities. And we are the first province in Canada to guarantee funding increases for our hospitals this year, and in years to come.

Nova Scotia has more doctors per capita than all but one other province. And we are purchasing new equipment, from MRIs to cardiac labs, so people have to wait less time for tests and treatment.

However, our work is far from over.

We can make progress over time, if we work together. In order to understand and address today's health-care issues, we all need to know the progress that has been made to date and where we are now heading.

*Your Health Matters* highlights some of the major priorities of Nova Scotians and of government.

After all, your health, and the health of your families, matters more than anything. I look forward to working with you and with our health partners, as we continue to shape the actions that support better health and health care for all Nova Scotians.

Jane Purves  
Minister of Health



# Minister's Message



Hindsight is 20/20, but it takes real vision to see into the future.

That's why government created a new cabinet-level office to work with communities, individuals, and all of our partners in health promotion. Together, we must create a vision, and develop a plan, that will help people get and stay healthy.

We must focus our efforts on our children and youth first so our vision for them remains clear.

By the year 2020, more Nova Scotians will enjoy mental, physical, social, and attitudinal fitness based on sound, regular lifestyle choices. And Nova Scotia will lead the nation in innovative ways to support wellness, instead of leading the nation in chronic disease.

As a government, we must support Nova Scotians in their efforts to stay healthy. From public education, to support for sport, recreation, and activity in our communities, to prevention and treatment of addictions, government has a role to play.

We also know that our health is affected by everything about us, and everything around us—our genetics and gender, our education, ethnicity, and environment, our income level and interests, our culture and communities, and more. That is why virtually every decision we make in government must be made with the health of Nova Scotians in mind.

As government begins looking at health differently, so are Nova Scotians. Nova Scotians are taking more responsibility for their well-being and for making healthy choices.

We have a lot of work to do, but we are making progress. And the results will be well worth our effort, as more Nova Scotians live happier, healthier, and more productive lives.

A handwritten signature in cursive script that reads "Rodney MacDonald".

Rodney MacDonald  
Health Promotion Minister



# Contents

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| Introduction .....                                                                        | 1  |
| Investing Money When and Where It Counts .....                                            | 5  |
| Multi-Year Funding for Front-Line Health Care .....                                       | 6  |
| New and Renovated Hospitals .....                                                         | 7  |
| Priorities .....                                                                          | 7  |
| Accountability for Results .....                                                          | 7  |
| Helping People Stay Healthy .....                                                         | 9  |
| Healthy Babies, Children, and Families .....                                              | 10 |
| Changes in Behaviour and Thinking, Beginning<br>with Children .....                       | 10 |
| Illness and Injury Prevention .....                                                       | 12 |
| Community Sport and Recreation .....                                                      | 14 |
| Addiction Prevention and Treatment .....                                                  | 15 |
| Training, Recruiting, and Keeping More Doctors,<br>Nurses, and Health Professionals ..... | 17 |
| Comprehensive Research .....                                                              | 18 |
| Working with Health Partners .....                                                        | 19 |
| Training .....                                                                            | 20 |
| Recruitment .....                                                                         | 23 |
| Retention .....                                                                           | 25 |
| Shortening Wait Lists for Tests, Treatment, and Care .....                                | 27 |
| Getting Meaningful, Reliable Information .....                                            | 27 |
| Using Information to Shorten Wait Lists and Eliminate<br>Backlogs .....                   | 28 |
| Investing in the Right Equipment .....                                                    | 31 |
| Sharing Information to Build Accountability .....                                         | 31 |
| Caring for Our Seniors .....                                                              | 33 |
| Better Identification of Changing Care Needs .....                                        | 33 |
| Better Access to Services .....                                                           | 34 |
| Affordable Nursing Home Care .....                                                        | 36 |
| Affordable Drugs .....                                                                    | 37 |

|                                                         |    |
|---------------------------------------------------------|----|
| Expanding Access to Health Services Close to Home ..... | 39 |
| Primary Health Care Renewal .....                       | 39 |
| A Team Approach .....                                   | 40 |
| 24-7 Access to Essential Health Services .....          | 40 |
| Technology to Improve Access to and Quality of Care ..  | 42 |
| Care for People of All Ages and Cultures .....          | 44 |
| Conclusion .....                                        | 51 |
| Appendix A: Occupational Profiles .....                 | 53 |
| Bibliography .....                                      | 55 |

# Introduction

Meeting people's health-care needs is dramatically different today than it was 50 or even 10 years ago:

- More attention is being paid to staying healthy.
- Doctors, nurses, and other health-care professionals are in high demand nationally and internationally.
- People are living longer, and our seniors make up a growing percentage of our population.
- Medical advances are contributing to better health and less time spent in hospitals.
- Costs for health-care services are escalating.
- Patients and their families are more informed and want a greater voice in the care they receive.

One thing that hasn't changed is how Nova Scotians feel about the people who care for them.

91 per cent of Nova Scotians are satisfied with the services offered by their doctors and found in their communities

A recent survey showed that 91 per cent of Nova Scotians were satisfied with services provided by their doctors.<sup>1</sup> Similarly, 91 per cent of Nova Scotians were satisfied with their community-based health-care services, well above the satisfaction level of other Canadians.<sup>2</sup>

These numbers tell us that those who receive care know they are in excellent hands. Still, Nova Scotians are concerned about whether high-quality care will be there for their children, or even for themselves in a few years from now.

The studies have been done. Most recently, the Romanow report, *The Future of Health Care in Canada*, identified a number of priorities to protect the future of health care, including<sup>3</sup>

- health human resource planning, including incentives for professionals working in rural communities

1. Nova Scotia. Department of Health, *Reporting to Nova Scotians on Comparable Health and Health System Indicators: Highlights and Discussion Report* (Halifax: The Department, 2002), p. 20.

2. Same as footnote above. In Nova Scotia, 91 per cent of people were satisfied with community-based care compared to 82 per cent of Canadians.

3. Canada. Commission on the Future of Health Care. *Building on Values: The Future of Health Care in Canada: Final Report*. (Saskatoon: Commission on the Future of Health Care in Canada, 2002). (Commissioner Roy Romanow)

- faster access to tests and treatment
- community- and team-based health services available for more hours of the day
- guaranteed funding to support stability and long-term planning
- clear standards and accountability for results

Nova Scotia has acted, and continues to act, in all of these areas. In fact, thanks to the involvement of communities, health professionals, and health organizations, Nova Scotia is leading the country in many. As well, all provinces and the federal government signed a five-year health accord entitled *Health Care Renewal Accord 2003 (Health Accord)* in February of this year that will fund new initiatives to support good health and health care.<sup>4</sup>

*Your Health Matters* presents actions undertaken to date, as well as the direction for the future, to

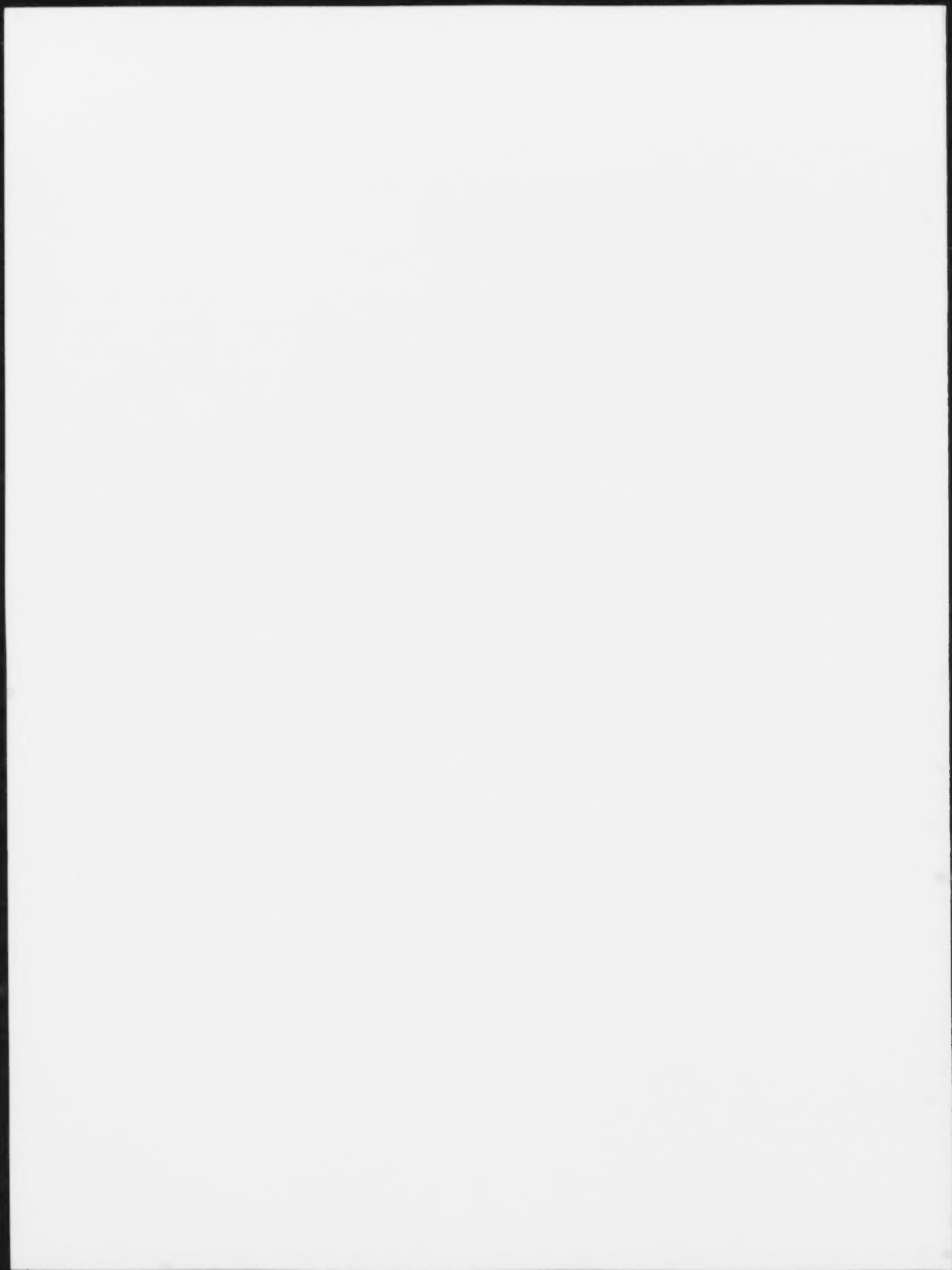
- invest money when and where it counts and be accountable for results
- help people stay healthy
- train, recruit, and keep more doctors, nurses, and health professionals
- shorten wait lists for tests, treatment, and care
- care for our seniors
- expand access to health services close to home

The Department of Health, the Office of Health Promotion, district health authorities, health partners, and communities are involved in developing and implementing a number of important activities, many of which are not contained in this document. *Your Health Matters* contains those that are most directly linked to the greatest health concerns of Nova Scotians.

4. Canada. Health Canada, *Health Care Renewal Accord 2003* (February 2003).

The challenges in health care exist, not just in Nova Scotia, but nationally and internationally. These are also complex issues, with no quick or easy fix.

The challenges can be addressed through careful planning, beginning with a focus on staying healthy. Planning must also focus on, and provide direct investment in, what is most important to the people needing care and the people providing care. *Your Health Matters* outlines those priorities and can guide discussion and efforts, as we all work together to support the health and health-care needs of Nova Scotians.

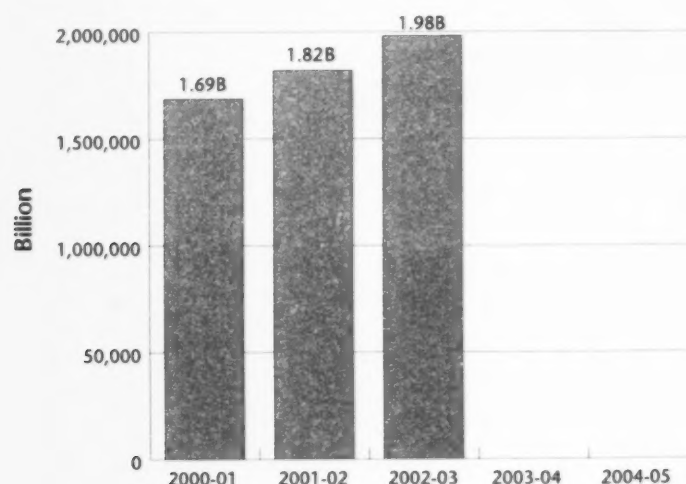


# Investing Money When and Where It Counts

Making funding decisions based on sound planning and increasing accountability for results

The provincial government continues to significantly increase the health budget. In 2000, the budget was approximately \$1.7 billion. By 2002–03, the budget increased by approximately \$300 million to \$2.0 billion.

Department of Health Year-By-Year Expenditures



In February of this year, Nova Scotia, along with all other provinces and the federal government, released the *Health Accord*.<sup>5</sup> This will support the province's continued investment in health care in 2003–04 and beyond.

Table 1: Summary of Health Accord Funding for Nova Scotia

|                              | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|------------------------------|---------|---------|---------|---------|---------|
| CHST* Supplement             | \$75M   | –       | –       | –       | –       |
| Health Reform Fund**         | \$30M   | \$45M   | \$104M  | \$134M  | \$162M  |
| Diagnostic Medical Equipment | \$15M   | \$15M   | \$15M   | –       | –       |

\* The Canada Health and Social Transfer (CHST) is provided by the federal government to support health, post-secondary education, and community services programs.

\*\* The Health Reform Fund is intended to support improvements in primary health care, home care, and drug coverage.

5. See footnote 4.

Nova Scotians expect investments to be based on a solid plan that reflects their health care needs and priorities. Nova Scotia's plan

- guarantees multi-year funding for front-line health care
- funds new and renovated hospitals
- supports the priorities outlined in *Your Health Matters*
- provides accountability for results

## Multi-Year Funding for Front-Line Health Care

Beginning in 2003–04, Nova Scotia will be the first province in Canada to commit to funding increases of at least 7 per cent each year for hospitals and other services provided by the district health authorities. This funding is in addition to what is already provided for salaries and negotiated salary increases.

\$124 million to support hospital and health care

**Table 2: Multi-Year Funding for Hospitals and District Health Authorities**

|                                                      | 2003–04        | 2004–05        | 2005–06         |
|------------------------------------------------------|----------------|----------------|-----------------|
| 7 per cent over 2002–03 non-salary budget (\$278.8M) | \$19.6M        | \$19.6M        | \$19.6M         |
| 7 per cent over 2003–04 non-salary budget (\$302.4M) |                | \$21.2M        | \$21.2M         |
| 7 per cent over 2004–05 non-salary budget (\$323.6M) |                |                | \$22.7M         |
| <b>TOTAL</b>                                         | <b>\$19.6M</b> | <b>\$40.8M</b> | <b>\$63.5M</b>  |
| <b>CUMMULATIVE TOTAL</b>                             |                |                | <b>\$123.9M</b> |

This guaranteed, multi-year funding will help the districts to more effectively plan for and hire doctors, nurses, and health professionals for hospitals and clinics. In turn, patients will receive higher-quality health care and wait less time for tests and treatment.

## **New and Renovated Hospitals**

The provincial government has invested significantly in new and renovated hospitals, spending \$80 million between 1999 and 2002. As well, hospitals and health-care centres are extremely important to communities. In some cases, communities raise as much as 25 per cent toward their hospital projects, which is added to the above investments.

Some of the recent projects include a new hospital in Amherst, major renovations to Yarmouth Regional Hospital, and an expansion of the Dartmouth General Hospital emergency room and dialysis unit.

In 2003–04, the province will continue to invest in hospitals, with dedicated funding in the spring 2003 budget. The Department of Health is currently working with the district health authorities on this year's priority list. Projects will be announced in spring 2003.

## **Priorities**

*Your Health Matters* lays out the priorities and direction to guide health-care funding for the next three years:

- helping people stay healthy
- training, recruiting, and keeping more doctors, nurses, and health professionals
- shortening wait lists for tests, treatment, and care
- caring for our seniors
- expanding access to health services close to home

## **Accountability for Results**

Taxpayers fund health care, and they expect accountability for how and where their health dollars are spent. They also want to know that their investment is making a difference to their health and health-care services. Accountability is also part of the *Health Accord*, which Nova Scotia fully supports.

The province will continue to report to the federal government on how Nova Scotia's health-care system meets the requirements of the *Canada Health Act*.

More accountability for  
funding plans and results

Government will also report annually to the public on how and where health funding is being invested. *Your Health Matters* begins this process.

At the end of each year, government will account for how the year's activities matched plans. This annual report will report specifically on issues like quality, access, and efficiency and progress in primary or community-based health care, home care, and drug coverage.

Regarding the impact that funding is having on access to health care services, the first annual *Minister's Report to Patients* on wait lists will be released in fall 2003 (see p. 31). Nova Scotia will also report on how information technology is being used to improve the quality of and access to health care for Nova Scotians, particularly in rural communities.

# Helping People Stay Healthy

Giving people the information and services they need to stay active and healthy, beginning with children

When most people think about health care, they think about hospitals, doctors, and nurses. While we will always need people to care for us and places to go when we are sick, a truly effective health-care system should also help people stay healthy.

In December 2002, a new Office of Health Promotion was created. Along with focusing Cabinet attention on health promotion programs, the minister brings a broader perspective to Cabinet decisions on the range of issues that affect good health. These issues range from education and the environment, to child care and community services.

Working with community groups and partners in healthy living

The office is responsible for promoting a new way of living and a new way of thinking about health. Of course, government can never accomplish this alone. The first priority of the office is to work with partners to shape the priorities and direction for health promotion. The office will continue to work closely with the Department of Health and partners, including provincial health associations, community groups, schools and school boards, and sport and recreation groups.

In broad terms, efforts to help people stay healthy focus on

- healthy babies, children, and families
- changes in behaviour and thinking, beginning with children
- illness and injury prevention
- support for community sport and recreation
- addiction prevention and treatment for people with addictions

## Healthy Babies, Children, and Families

\$66 million is being invested, 2001–06, to help children get off to the right start in life

Healthy babies and children are more likely to grow into healthy adults. This is the focus of Healthy Beginnings, a \$10.5-million program designed to support families in the early days and years of their babies' lives.<sup>6</sup>

Under Healthy Beginnings, public health staff will contact the families of each of the 10,000 babies born in Nova Scotia annually, for up to three years. Follow-up visits from public health nurses and trained community members can provide parenting and breastfeeding support, as well as links to community resources such as child care, family resource centres, or programs for children with special needs.

As well, \$55.5 million is being invested to add hundreds of subsidized child-care seats, training for child-care staff, and child care for children with special needs. Together, these programs provide support for babies, children, and families.

## Changes in Behaviour and Thinking, Beginning with Children

### Active Kids, Healthy Kids

The best way to change thinking and promote healthy behaviour is to start with our young people.

Following one of the world's most extensive studies into the activity levels of children, the province's first physical activity strategy was launched in 2002.<sup>7</sup> From 2002 to 2005, \$2.4 million will be invested to increase the physical activity of youth. One component of the strategy is now under way in nine schools, with plans to expand the number of schools next year.

These "active school community" pilot projects explore ways that teachers, students, parents, administrators, and community leaders can work together to encourage young people to be more active. In-school and after-school programs, family and community activities, and ways to increase time for physical education within the school day are some of the issues being explored.

6. The \$66 million for Healthy Beginnings and more child care is provided through the five-year, federal-provincial Early Childhood Development Agreement, under the Department of Community Services in collaboration with the Departments of Health and Education.

7. Nova Scotia. Working Group on Physical Activity for Children and Youth, *Active Kids, Healthy Kids, A Nova Scotia Physical Activity Strategy for Children and Youth* (Halifax: The Department, October 2002).

## **Tobacco Strategy**

The province also wants to discourage and prevent young people from beginning unhealthy habits that can lead to addictions. Developed with input from young people themselves, the province's Tobacco Strategy encourages young people to never start smoking, as well as helps young smokers kick the habit.

Since 1998, the number of teen smokers has dropped by 13 per cent<sup>8</sup>

Specific actions include *Smoke-Free for Life* classroom resources for elementary and junior high schools; a No More Butts peer-led smoking cessation program for high schools; tobacco tax hikes; smoke-free schools; and youth-focused public awareness campaigns on the dangers of smoking and second-hand smoke. The first *Tobacco Strategy Annual Report* on results will be released in 2004.

## **Healthy Choices, Healthy Eating**

Children and youth can make healthy food choices only if they are available to them. In spring 2003, a survey on food choices in school cafeterias, canteens, and vending machines will be developed. Working with schools, school boards, and provincial and community partners, the results of the survey will be used to develop guidelines on ways schools can expand healthy choices on menus and in hallways. Survey results will also be used to support school programs and parent information that promote healthy eating for young people.

## **Youth Health Centres**

Youth health centres provide a range of services for teens, including health education and promotion. However, these centres are not available in all parts of the province and do not offer the same services or receive the same level of resources and support.

In fall 2001, a Youth Health Centre Evaluation Committee, involving government departments, public health, youth health centres, schools, and other health partners, began evaluating youth health centres. The evaluation is assessing the location and operation of the centres, the support available to them, and the services and benefits they provide for teen health.

8. Nova Scotia. Department of Health. Addiction Services. Dalhousie University. Community Health and Epidemiology. *Nova Scotia Student Drug Use 2002: Technical Report*. (The Province, 2002), p. 16.

In spring 2003, the committee will release findings, including the factors that support effective health centres.

## **Illness and Injury Prevention**

### **Through Planning**

74 per cent of all deaths in Nova Scotia are from heart and lung disease, cancer, and diabetes

Preventing illness and injuries is the best prescription for staying healthy.

Preventing chronic illness would significantly improve the health and quality of life for thousands of Nova Scotians. It would also help control health costs for taxpayers.

Chronic diseases can be prevented or delayed by addressing a variety of common risk factors, including tobacco use, an unhealthy diet, and physical inactivity. Currently, groups associated with individual chronic diseases independently dedicate expertise, resources, and actions to address these risk factors. A plan that co-ordinates and maximizes the benefits of the work of all health partners in these areas is needed.

Since fall 2001, Dalhousie University has been working with health partners on the research and development of a comprehensive chronic disease prevention strategy.<sup>9</sup> Recommendations for action will be presented to government in fall 2003.

Work is also under way by groups focused on injury prevention for children, youth, seniors, and workers. Government and partners are pursuing initiatives that can support and co-ordinate efforts of individual groups involved in injury prevention.

For example, one-third of all work injuries happen to workers between the ages of 15 and 24. Government, in partnership with business, labour, and schools, is targeting young people with education on workplace safety. An occupational health and safety course is now being tested with grade 11 students, and a youth-oriented Web page has been developed. As well, in 2002, government introduced legislation requiring anyone using a skateboard, inline skates, or a scooter to wear a helmet.

9. Population Health and Chronic Disease within Community Health and Epidemiology is leading the work at Dalhousie on the chronic disease prevention strategy.

## Through Prevention

Vaccine programs also continue to grow as a way to prevent disease.

- Since January 2003, a chickenpox vaccine has been available for all babies when they reach their first birthday. By January 2004, free vaccine will be provided to special-risk groups who have not had chickenpox, such as pregnant women, people in contact with individuals who have weakened immune systems, and health-care workers. The next step will be to provide free vaccine to older children and preteens who have not had chickenpox.
- Free flu vaccine is provided to seniors, adults, and children with chronic heart and lung problems and other chronic diseases; all health-care workers; and others who are in regular contact with people in high-risk groups.<sup>11</sup>

Almost 7 out of 10 seniors get flu shots in Nova Scotia—above the Canadian average<sup>10</sup>

## Through Public Education

Public education remains an important tool in helping people stay healthy.

As one example, the Diabetes Care Program of Nova Scotia works with experts in diabetes care and provides extensive continuing education to persons with diabetes, their family members, and doctors, dieticians, and other health professionals. Diabetes centres are in place in almost 40 communities across the province, where people with diabetes or people who are interested in preventing diabetes can talk to diabetes education staff and receive brochures and other helpful information.

One priority of Diabetes Care is preventing type 2 diabetes. In the early 1990s, less than 1 per cent of children had type 2 diabetes, a disease that is largely preventable through good diet and physical activity. Not surprisingly, as the activity levels of children decline, the number of children with diabetes 2 is sharply increasing. Now, 15 per cent of the diagnosed cases of diabetes in those under 19 are type 2.

10. Same as footnote 1, p. 27.

11. The flu vaccine is for influenza. Between 300 and 400 people die each year in Nova Scotia because of complications from the flu. In addition, about 20,000 visits to doctors and more than 2,500 hospitalizations annually are the result of complications.

In response, people with diabetes are being provided with practical information, through pamphlets and counselling, to help them understand how diet and activity can reduce the chances of their children developing the disease.

As well, Cancer Care Nova Scotia is working to increase the number of women who get regular Pap tests.<sup>12</sup> From basic cancer prevention education to support for more nurses to perform Pap tests, more women are being encouraged to get this checkup, which detects early warning signs before cancer develops.

Similarly, public education will be a key component of the province's co-ordinated response plan for the West Nile Virus. Along with monitoring the mosquito and bird populations and testing for the virus, public information on prevention and awareness is being developed for circulation before the mosquito season. Doctors will also receive information on recognizing and reporting the disease.

## **Community Sport and Recreation**

Being physically active not only improves people's health and well-being, but also provides many social and economic benefits for communities.

Government supports community sport and recreation in a variety of ways, including funding, leadership development, and the co-ordination of partnership projects.

- Grants are available to improve the quality of and access to rinks, playing fields, and other recreational facilities.
- New High Five and Sports Futures programs, as well as work with schools, communities, and youth leadership groups, help recreational leaders and coaches promote fair play. This encourages children of all ages to participate in physical activity throughout their lives.
- Partnerships among community agencies, schools, volunteers, and health, municipal, and recreational officials are creating new opportunities in communities. As just one example, a team from the Ecology Action Centre and Youth

12. Currently, 40 per cent of women in Nova Scotia get regular Pap tests.

for Environmental Action will tour 25 communities. They will talk to young people, community decision makers, police, health and recreation officials, and others on ways to build on existing projects or start new ones that promote walking, biking, scooting, and other forms of active transportation.

## **Addiction Prevention and Treatment**

Programs that prevent addictions are critical in helping to keep people healthy. Providing treatment can help individuals with addictions and their families turn their lives around:

- In 2002–03, \$1.8 million was committed to expand addiction services for women and youth in rural communities. Addiction workers have been hired to provide more prevention, early intervention, and treatment within communities through clinics and community-education programs.
- The province's Tobacco Strategy is supported by a \$1.5-million annual investment. Co-ordinators have been hired to run community-based smoking-prevention programs and public awareness campaigns. The *Smoke-free Places Act* is one of the toughest pieces of anti-smoking legislation in the country. The act, as well as tobacco price hikes, not only protects non-smokers from second-hand smoke, but also discourages smokers from smoking.



# Training, Recruiting, and Keeping More Doctors, Nurses, and Health Professionals

Working together—  
trained to provide high-  
quality care

Many of the health-care issues being faced in Nova Scotia are being faced nationally and internationally. As just one example, shortages in certain health professions place a heavy workload on doctors, nurses, and other health-care providers in hospitals, communities, nursing homes, and other health-care settings. As well, having enough doctors, nurses, and health-care providers is key to shortening wait lists and building the quality of health care.

By working with communities, health professionals, and other partners, Nova Scotia is doing a pretty good job in recruiting and retaining nurses and doctors.

Between 1993 and 1998, the province was losing approximately 150 nurses a year. Through the nursing strategy, those numbers are turning around, with 154 more nurses working in 2002 than in the year before.

As well, Nova Scotia has more doctors per capita, and is recruiting more doctors, than any other province in Canada, except Quebec.<sup>13</sup>

At the same time, efforts must continue. Communities, particularly in rural areas, still need doctors and nurses. Some specialists are in particularly short supply. This is even more significant given the national and international competition for health professionals.

A new approach to training, recruiting, and retaining health-care professionals is needed to address these issues. Health-care professionals must also be supported in doing their jobs differently—working as teams to balance their workloads more effectively and improve care to patients.

13. Canada. Statistics Canada. "Physicians per 100,000 Population by Province/Territory, 1986-2001." *Quarterly Demographic Statistics*. (Statistics Canada).

Nova Scotia is developing health human resource strategies involving

- comprehensive research
- consultation with health partners
- training
- recruitment
- retention

## **Comprehensive Research**

Good research provides good information to support planning and decision making.

Comprehensive research is being conducted on 29 health occupations in Nova Scotia, ranging from doctors and dentists, to nurses and nutritionists, to pharmacists and personal care workers.<sup>14</sup> The research includes

- the number of people working in each occupation in 2001
- identification of where they are working and in what specialty
- education and training requirements
- age, gender, and other demographic information
- projections on the future needs for health-care professionals

Strategies to support the right number of professionals, working where they are needed, with the right training, now and into the future

Much of this research will be completed and released in spring 2003, along with an analysis of training and workplace issues. The information will be used to develop health human resource strategies in 2003–04. Actions are already under way to train, recruit, and retain more doctors, nurses, medical lab technologists, and advanced paramedics.

14. The complete list of occupational profiles can be found in Appendix A.

## Working with Health Partners

The research is being conducted in full consultation with health partners including employers, professional associations, unions, universities, colleges, the federal government, and other Atlantic provinces. Partners have not only provided data and identified key occupational issues, but are now confirming the research results before they are released.

Similarly, health human resource strategies have been, and will continue to be developed, in consultation with health partners.

As one example, the provincial nursing network was formed in 2000.<sup>15</sup> The network consulted with other nurses and health-care providers, leading to the province's first nursing strategy.

In 2001, the provincial government endorsed and began funding the strategy to train, recruit, and retain nurses.

\$59 million to train, recruit, and retain nurses between 2001 and 2006

**Table 3: Funding to Support Nursing 2001–2006**

|                                   | 2001–02 | 2002–03 | 2003–04 | 2004–05 | 2005–06 | 2006–07 | TOTAL   |
|-----------------------------------|---------|---------|---------|---------|---------|---------|---------|
| Nursing Advisor, Nursing Strategy | \$5.1M  | \$5.1M  | \$5.2M  | \$5.2M  | \$5.2M  | \$5.2M  | \$31M   |
| Training More Nurses              | \$3.2M  | \$3.7M  | \$4.8M  | \$5.0M  | \$5.3M  | \$5.6M  | \$27.6M |
| TOTAL                             | \$8.3M  | \$8.8M  | \$10M   | \$10.2M | \$10.5M | \$10.8M | \$58.6M |

In 2001, a physician resource planning team was formed.<sup>16</sup> This team is responsible for developing a physician resource plan that considers reasonable access to doctors in rural and urban areas now and into the future, as well as recruitment and retention issues.

15. The provincial nursing network involves nurses, nurse administrators, unions, educators, and regulatory colleges.

16. The Physician Resource Planning Steering Committee has representatives from the Department of Health, physician and academic communities, the Medical Society of Nova Scotia, Dalhousie Faculty of Medicine, Nova Scotia College of Physicians and Surgeons, district health authorities, and the IWK Health Centre.

Consultations have already taken place with approximately 150 doctors from around the province. Further consultation will occur in spring 2003 with doctors in specialty areas. Results will be used to guide discussions on training, recruiting, and retaining more doctors to work in Nova Scotia.

## Training

Changes and challenges require new approaches for training health-care providers:

- Research shows students are more likely to stay and work where they are trained. Therefore, Nova Scotia needs to provide more training and work experience opportunities, particularly in rural communities.
- New or amended training programs are needed to support the changing roles of health professionals, including programs for professionals already working.
- New training programs must consider innovative ways to train some professionals more quickly, through concentrated programs or recognition of prior learning.

## Training More Nurses

Between 1990 and 1998, the number of nurses annually graduating each year dropped from 333 to 86. In 1999, government began efforts to turn these numbers around.

Number of nurse graduates more than doubled

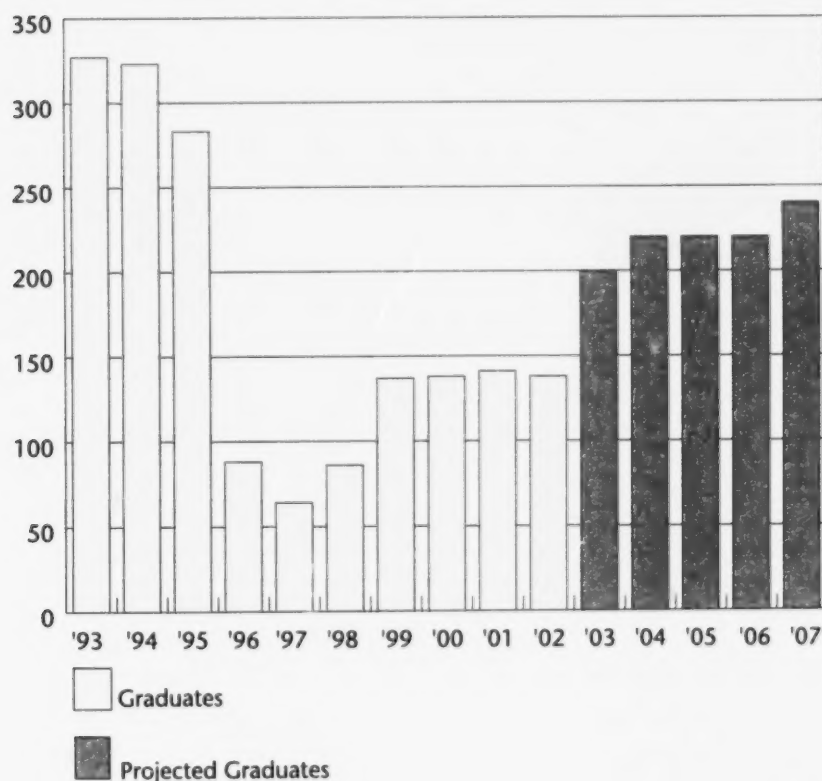
In 1999, government increased funding to enrol 75 more university nursing students each year. As a result of these efforts, approximately 200 nurses are expected to graduate in 2003. This will more than double the number of nurse graduates compared to 1998.

To continue this growth, government will invest \$7.1 million to train an additional 240 nurses over the next four years. This training is being delivered in innovative ways, supporting more nurse in rural areas and educating registered nurses more quickly.

Beginning in May 2003, 60 more nurses will be trained in each of the four years:

- Twenty-five of the nursing seats will be delivered through the joint nursing program at St. Francis Xavier (St. FX) and University College of Cape Breton (UCCB).
- Twenty-five seats will be in a new accelerated nursing program at St. FX.<sup>17</sup>
- Up to 10 students can enrol in a new bridging program to enable licensed practical nurses to become registered nurses more quickly.<sup>18</sup>

Registered Nurse Graduates, 1993–2002, Projected to 2007



17. By eliminating summer breaks, students with undergraduate degrees in basic or social sciences can become registered nurses in a 20-month program, compared to the existing four-year program.

18. Licensed practical nurses trained since 1998 in the Nova Scotia Community College will be able to bridge into the four-year nursing program.

Training numbers for nurses are expected to grow further, with discussions under way with Dalhousie to increase their program, currently open to 135 students.

### **Training More Doctors**

Plan to train at least 60 more doctors under development

One of the most effective ways to ensure that the province has enough doctors is to train them here at home. Doctors-in-training form relationships with faculty and medical staff that encourage them to establish their own practices in the same area.

Currently, the Dalhousie Medical School enrolls 82 undergraduates annually. As well, 438 residents are currently in training at Dalhousie Medical School.

Over the next six months, government and Dalhousie will develop a long-term plan that will see more doctors trained in Nova Scotia. The goal is to grow enrolment at the Dalhousie Medical School by approximately 60 undergraduates and residents over the next four to five years.

This long-term plan will require a significant investment. As Dalhousie is the Maritime medical school, the financial plan to support a growing enrolment will be discussed with the other Maritime provinces and the federal government.

To begin addressing the need for more doctors immediately, eight additional undergraduates will be accepted into the medical school in 2003. This can be done without building classrooms or other capital expansion.

### **Training More Medical Lab Technologists**

Training 22 more medical lab technologists a year

There is a high demand for medical lab technologists in Nova Scotia.<sup>19</sup>

Currently, Nova Scotians receive medical lab technology training for this profession in a two-year program at the New Brunswick Community College.

To immediately begin increasing the number of medical lab technologists in Nova Scotia, government will purchase 25 seats in the New Brunswick program, up from three seats this year.

19. Medical lab technologists analyse blood, tissue, and other biological samples to help doctors diagnose and treat patients.

More support can be provided to a full class of Nova Scotia students to help them complete their program successfully and encourage them to return to work in this province. For example, Nova Scotia will be involved actively in recruiting and screening students for the program, to ensure that they have the skills to succeed. Placements in Nova Scotia hospitals and labs will be identified so students can do their work experience closer to home.

Discussions are also under way with the Nova Scotia Community College and universities on the possibility of reintroducing a medical lab technology program in this province.

## **Recruitment**

The province has stepped up efforts to recruit nurses and doctors trained elsewhere and to bring Nova Scotia nurses and doctors back home.

### **Recruiting More Nurses**

Nurses from across the province make up recruitment teams at major job fairs in Canada and the United States.

Relocation allowances support the success at job fairs and through other recruitment efforts. Since 2000, 213 nurses coming from outside of Nova Scotia received relocation allowances of up to \$5000.

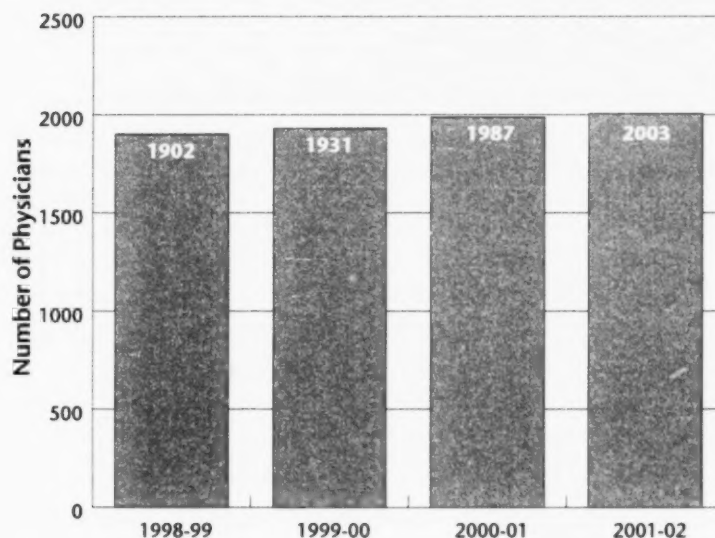
### **Recruiting More Doctors**

A provincial recruiter is in place with a focused responsibility on increasing the number of doctors practising in Nova Scotia. This includes getting doctors in the right specialities and working with communities to attract them to the places where they are needed most.

Along with national and international advertising, the recruiter visits medical schools to share information about the opportunities in Nova Scotia. The recruiter also gets local doctors to talk to prospective doctors about the advantages of practising here. As well, the recruiter works with individual doctors to address their unique circumstances, ranging from assistance in finding a home to identifying job opportunities for the doctor's spouse.

Progress is being made. Along with independent efforts of communities, district health authorities, and doctors themselves, the recruitment office has attracted 80 new doctors to Nova Scotia over the past 18 months. Even more significantly, the province has benefitted from a net gain of 199 doctors over the past four years.

Number of Physicians 1998-99 to 2001-02\*



\* Includes family doctors and specialists

On average, Nova Scotia gains another doctor every two weeks

Nova Scotia must also be able to attract more doctors from international medical schools, particularly specialists. However, qualified international doctors are sometimes discouraged from coming to Nova Scotia because it takes too long to have their skills assessed and begin practice.

Currently, the Department of Health is working with Dalhousie Medical School on a proposal that could streamline the time it takes for internationally trained specialists to have their qualifications assessed. Faculty can also identify and provide any additional training that is required to get qualified specialists working in Nova Scotia communities more quickly.

As well, internationally trained family doctors are currently assessed in Manitoba. The province is considering the feasibility of creating an assessment program for family doctors in Nova Scotia that could serve the Maritime provinces.

The Nova Scotia College of Physicians and Surgeons will retain its responsibility for licensing, so patients can be assured that all doctors are qualified to provide excellent care.

## **Retention**

Incentives are provided to keep our graduates in the province, and to attract them to rural communities. This maximizes Nova Scotia's investment in training.

### **Incentives to Keep More Nurses in Nova Scotia**

Bursaries are now provided to nurses who agree to work in Nova Scotia for at least one year. In 2001-02, \$3,000 bursaries were provided to 25 students. This year, bursaries were increased to \$4,000 and offered to twice as many students.

Student nurses are more likely to stay in Nova Scotia if they gain work experience here. Paid co-op work terms were introduced in 2001-02 and involved 60 students. In 2002-03, the number of co-op students grew to 90. In summer 2003, the number will increase to 120.

80 per cent of nurse graduates now stay in Nova Scotia, up from 50 per cent the year before

Another critical factor in retaining nurses is to offer them more full-time and less casual work. In 2001, Nova Scotia retained just 50 per cent of nursing graduates, because most job opportunities were casual positions. In 2002, 80 per cent of nurse graduates stayed and found secure, full-time nursing positions in the province.

Practising nurses are also more likely to stay in the province if they are supported in remaining current and are satisfied in their work:

Improving the working lives of nurses keeps more nurses in Nova Scotia and benefits the quality of care for patients

- Orientation courses for new nurses and specialty education programs for practising nurses are available, including on-line training that can reach nurses in rural settings.
- The first provincial conference on ways to support nursing leadership will be held in April 2003.

- The College of Registered Nurses of Nova Scotia is leading a project to support registered nurses, licensed practical nurses, other health-care providers, and their employers in working together to address workplace issues.<sup>20</sup>

### **Incentives to Keep More Doctors in Nova Scotia**

A debt assistance program is now in place to attract doctors to the communities where they are needed most. Doctors-in-training who agree to work in under-served communities can receive \$15,000 a year in debt assistance, to a maximum of \$45,000.

Building on the debt assistance program, consultation is also taking place on a bursary or sponsorship program for doctors who agree to practise in Nova Scotia. One option being considered would enable districts to sponsor part of the education costs for medical students, in return for a commitment to work within the sponsoring district.

### **Incentives for Medical Lab Technologists**

For the first time, bursaries will be available to medical lab technology students who agree to work in Nova Scotia for at least two years. The bursary will cover the full \$8,000 tuition for the two-year program and will be available to all 25 students.

### **Incentives for Paramedics**

Paramedics at all skill levels provide emergency care that can save lives before people get to hospital. Advanced paramedics are trained to provide life-saving care, such as cardiac resuscitation, and are in high demand in Nova Scotia and across the country.

Continuing efforts in training, recruitment, and retention will provide the right number of health-care providers, with the right skill mix, working in settings that offer professional satisfaction and high-quality care for patients

In 2003, the provincial government will begin providing bursaries to as many as 13 advanced paramedics who agree to return to work in Nova Scotia. This builds on a bursary program already put in place by the province's ambulance service, Emergency Medical Care (EMC).

20. The program, purchased from Ontario, is known as the Practice Environment Collaboration Program.<sup>TM</sup>

# Shortening Wait Lists for Tests, Treatment, and Care

Giving people faster access to their family doctors, specialists, and emergency care—so they get a diagnosis and care sooner

Nova Scotians who urgently need a test or treatment get the care they need. For example, the Queen Elizabeth II Health Sciences Centre is internationally recognized for its cardiac program. No one is on a waiting list for urgent procedures.

People awaiting less critical or elective tests and treatments, however, often wait longer than they should. The province is working with health professionals on a plan that will shorten these wait lists, keeping less critical health problems from becoming urgent.

The plan involves

- getting meaningful, reliable information
- using the information to shorten wait lists and eliminate backlogs
- investing in the right equipment
- sharing more information to increase accountability

## Getting Meaningful, Reliable Information

Better and co-ordinated wait-list information is needed in more health test and treatment areas.

Currently, the province regularly receives information on the length of wait lists for cardiac testing and surgery, ambulance response times, and nursing home beds.

District health authorities collect other wait-list information, but in different health areas and in different ways. For example, fewer than half of the districts monitor wait lists for elective surgeries. Alternatively, most districts monitor wait times in emergency rooms, but define the wait times in different ways. Some, for example, report how long it takes to see a doctor or nurse, while others report how long it takes to get a bed.

The differences in what and how wait lists are reported make provincial monitoring and planning difficult. To address this concern, the Department of Health will require all districts to monitor and report wait times in certain areas, beginning with CAT scans and MRIs.<sup>21</sup>

21. CAT scan stands for computed axial tomography, the process of using computers to generate a three-dimensional image from flat, two-dimensional x-rays. MRI stands for magnetic resonance imaging, a detailed x-ray that can find growths or abnormalities in the body's soft tissue.

**All districts must monitor and report more wait times**

## **Using Information to Shorten Wait Lists and Eliminate Backlogs**

This information will be analysed to identify differences in how wait times are being measured. Standard measurements will then be developed, so all hospitals and districts are reporting information in the same way. This will help identify and address problem areas, either through actions undertaken by the district or through provincial co-ordination and support.

Shortening wait times for diagnostic tests like CAT scans, MRIs, and radiation treatment is among the top priorities.

However, wait times should also be monitored and shortened for other tests and treatment, such as surgeries, orthopedics, specialist referrals, and time spent in emergency rooms.

A work group—involving doctors, radiologists, other health professionals and managers, and Department of Health staff—is now being formed to make recommendations to the Minister of Health on

- additional areas for monitoring and reporting wait lists, in priority order
- standard definitions for measurement so information is reported in a consistent and meaningful way
- how the information can be used to shorten wait lists, increase patient choice, and build accountability

The work group, to be co-chaired by a doctor, will submit its first recommendations in fall 2003. A report on wait-list information currently available will also be provided, including recommendations on how additional wait times can be collected, based on standard measurements comparable from district to district and province to province.

In spring 2004, a report will be submitted that will include recommendations on how to use the information to shorten wait lists in priority areas.

For example, some provinces share wait lists among doctors, enabling an individual doctor to refer a patient to a colleague who has a shorter wait list.

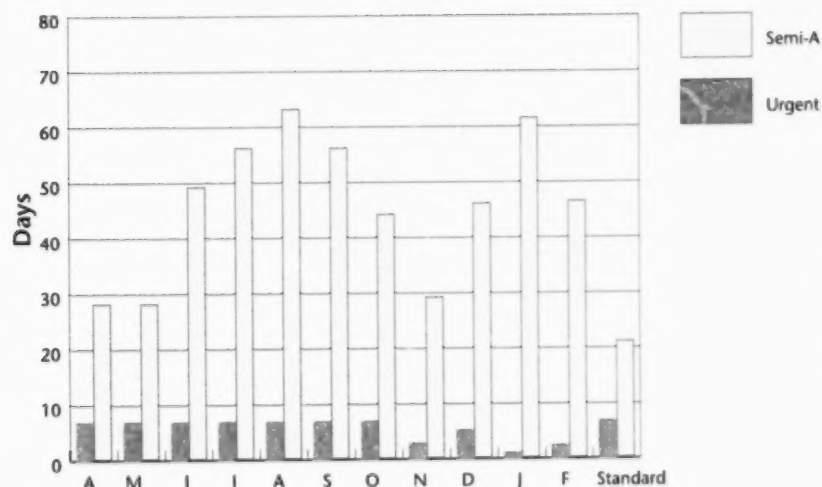
Lists could also be co-ordinated provincially, so that patients on a long waiting list at one hospital could be given the option of getting the test or treatment more quickly at another hospital. For example, in December 2002, the wait time for an elective CAT scan in Halifax was 22.4 working days. Just an hour away in Truro, the wait time was less than half that time.

Recommended time frames and resources will also be included in the spring 2004 report.

Finally, better co-ordination of critical wait lists will allow the province to take steps to reduce backlogs. In some cases, patients could choose to go to another hospital or centre. As well, the district or the Department of Health could provide assistance or funding to eliminate the backlog.

For example, a backlog was created when cardiologists in Nova Scotia began performing more diagnostic tests, known as catheterizations, to identify people with potential heart problems.<sup>22</sup> While urgent patients were generally being treated within the standard time, Semi-A patients were waiting longer.

**Nova Scotia Cardiovascular Surgery Wait Times by Category,\*  
March 2002–February 2003**



\* Urgent is a patient in hospital who needs surgery within a week. Semi-A may be someone in or outside the hospital requiring care within 3–6 weeks.

Source: Queen Elizabeth II Health Services Centre, Cardiac/Emergency/Critical Care Division

22. Cardiologists changed their testing practice based on national standards to support earlier detection of heart problems and better treatment and care.

**\$7.5 million invested in 2002–04 to reduce wait times for cardiac tests and surgeries**

### **Shortening Waits in Emergency Rooms**

In 2002 and 2003, the Department of Health provided a total of \$1.2 million to enable doctors, nurses, and health professionals to perform overtime and weekend surgeries to clear the backlog. Approximately, \$1.3 million was also invested to establish a fourth catheterization lab, to be up and running later this year.

The recurrence of this backlog, however, points to the need for a longer-term solution. The Department of Health will provide up to \$5 million in 2003–04 to support the Capital District Health Authority's plan to add equipment, staff, and other resources to the cardiac program to avoid backlogs on wait lists year-round. This investment will benefit patients across the province.

Emergency rooms are another priority. In April 2003, a review will get under way on how emergency-room services can best be provided to more effectively meet the needs of patients.

For example, many people who come to emergency rooms do not need hospital-based emergency care. However, these people come to emergency because they do not have another place to go.

As community-based services grow through primary care (see p. 39), Nova Scotians will have more options available to them beyond the emergency room. The review will also consider how people can get a better assessment of their needs when they are seeking care and identify other existing or new community centres for non-emergency, yet urgent care.

For example, some provinces have centres that provide urgent care such as splinting, casting, and stitching that does not need to be done in a hospital. This means people needing emergency care continue to get it in a hospital setting, while people needing other services can get that care more quickly outside the hospital.

## Investing in the Right Equipment

\$75 million invested in MRIs, CAT scans, surgical and other medical equipment, 2001–06

Between 2001 and 2003, government invested \$30 million in equipment, and the trained professionals who use it, to shorten wait lists. New equipment has been purchased for hospitals across the province:

- Access to MRIs has tripled with the purchase of two machines—one for Cape Breton and one at the IWK in Halifax.
- Bone densitometers have been purchased for Truro, Yarmouth, and Cape Breton.
- Dialysis machines have been provided in Cape Breton and Dartmouth.
- Digital x-ray machines, which allow x-rays to be transferred and read by specialists at other hospitals, were purchased for all regional hospitals.

Between 2003 and 2006, another \$45 million will be invested in diagnostic equipment. Priorities will be developed in consultation with the district health authorities. Mobile equipment that can be brought in to communities is also being considered.

Government is also investing in a province-wide hospital information system. Along with other patient benefits (see p. 43), the new system will fully support provincial or district scheduling for tests and procedures. For example, a doctor who wants to send a patient for a CAT scan will be able to look at one central schedule and see where the patient can get the test done most quickly, at the closest hospital.

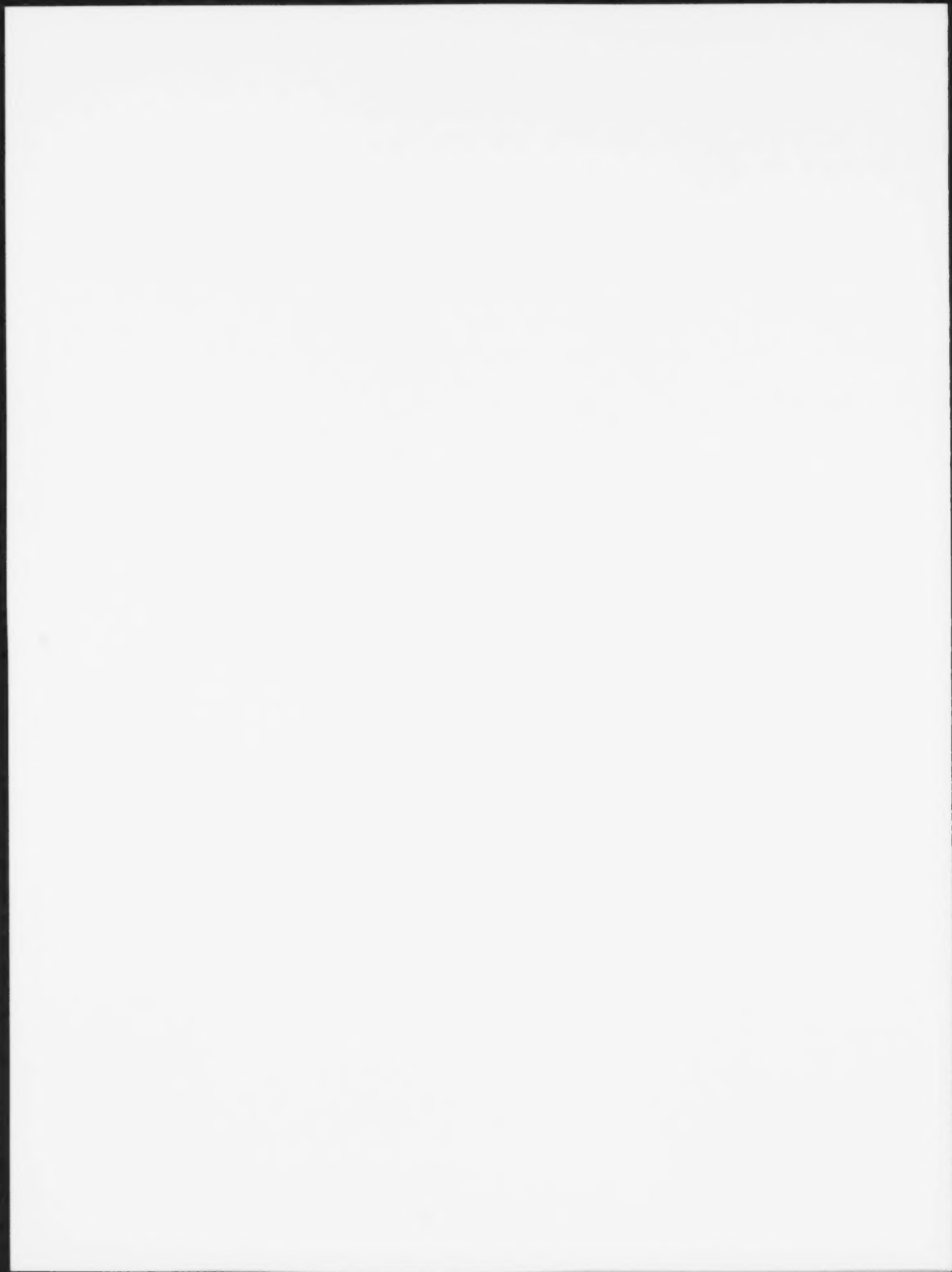
## Sharing Information to Build Accountability

Annual Minister's Report to Patients

Nova Scotians are very concerned about how long they have to wait for some tests and treatments. They deserve to have more information on access to these important health-care services.

In fall 2003, the Minister of Health will issue an annual *Report to Patients*. The report will include the wait lists provided to the province, as well as plans to reduce wait times in critical areas.

Future reports will include wait lists in more test and treatment areas, as well as standards that define acceptable wait times for certain procedures.



# Caring for Our Seniors

Providing the services seniors need to stay in their own homes and communities and treating them with dignity and respect as their care needs change

As with all of Canada, Nova Scotia's population is aging. People are living longer, and the percentage of our total population who are over age 65 continues to grow.<sup>23</sup> To help seniors maintain their independence and remain close to their families as long as possible, the services seniors need must be accessible, affordable, and appropriate to their needs.

Government has increased funding for home care, long-term care, and services that protect seniors, by almost \$91 million between 1999 and 2002. Along with further funding increases, the plan to provide continuing, quality care includes

- better identification of changing care needs
- better access to services
- affordable nursing home care
- affordable drugs

## Better Identification of Changing Care Needs

As people age, it is not always possible for them to stay in their own homes without assistance. Once seniors or their family members identify that this may be the case, they usually have questions about what level of care is needed.

In the past, people have had to make separate calls to home care, nursing homes, residential care facilities, and elsewhere to try and find out what services were available. In some cases, they would get conflicting information on what services were best for themselves or their relatives.

In spring 2002, this process changed.

One phone call to 1-800-225-7225 links people with information on all levels of care for seniors

Now, seniors and their families need make only one phone call to get the information they need. That one call will link them to health-care professionals who will conduct comprehensive assessments to determine the care need. The assessment helps

23. Same as footnote 1. The average life expectancy for Nova Scotians has increased from 74.2 years in 1980 to 78.7 years in 1999.

identify the senior's physical and mental abilities, mood and behaviours, risk of falling, access to family members and community supports, and other aspects of the senior's health.

Less paperwork and stress  
as care needs change

In the past, if a senior needed to be moved from home care to a nursing home, the assessment process had to begin again, conducted by a different staff member in a different branch of the Department of Health. Now, the initial assessment is used as the basis for any change in care, which avoids repetition of the full-assessment process for the senior.

More family involvement

As well, with the permission of the senior, family participation in discussions regarding changes in care will also increase. For example, if health or fire safety staff have concerns about a senior's care, family members will immediately be informed. As well, if a change in care is required, appropriate time will be provided to plan and find the best alternative for the senior.

## **Better Access to Services**

As our population ages, seniors deserve access to supports that will enable them to maintain their independence and remain in their own homes as long as possible. As some seniors age, however, they may need care outside their home. That care should be provided close to their homes and families.

Options can include home care, assisted living, boarding homes, residential care facilities, nursing homes, and more. New programs, such as Quick Response now available in the Halifax Regional Municipality, should also be an option. Quick Response provides short-term home care for seniors who have suffered an injury, like a broken bone, or have a medical condition that temporarily affects their ability to care for themselves. This enables more seniors to avoid hospital stays and get the care they need at home.

Beginning in spring 2003, government will consult on the options and services that must be available to seniors, how they can most effectively be delivered, and what regulations are appropriate to protect seniors. Consultation will involve seniors and their families, home operators, home support agencies, district health authorities, and other partners.

Preliminary recommendations will be available in late fall 2003 to support planning for the 2004 budget. This work will also guide decisions on growth and delivery of services for seniors, as well as lead to changes in the *Homes for Special Care Act*.

## **Access to Home Care**

Addressing the waiting list for home care

In 2003–04, government will continue to invest more in home care, to protect the current level of services. An additional \$1.1 million will be provided to address the existing wait list for services, and the review of services for seniors will guide future expansion of home care.

Government also recognizes the important role family caregivers play in enabling their relatives to remain at home. Since 2001–02, \$1 million has been invested annually to increase the hours of access to respite for family caregivers from 32 hours to 40 hours a month.

More support for family caregivers is needed. This will be part of the broader discussions on the range of services that should be available to bring services to seniors in their homes and communities.

## **Access to Nursing Homes**

Between May 2002 and March 2003, the percentage of people eligible and waiting for long-term care beds dropped by 23 per cent

The people who need nursing-home care most should be first in line to get that care. Prior to 2000, however, individual nursing homes determined who was let into their homes, and the ability to pay might have been an influencing factor.

In 2000, the province began co-ordinating the wait list for nursing-home and residential-care facility beds. This guarantees that care needs—not ability to pay—determine who gets into nursing homes and residential care facilities. As well, the assessment of the care needs by professionals, who understand the range of available options, may present care alternatives to seniors and their families. This, in turn, is reducing the demand and wait time for nursing-home beds.

As well, seniors can choose to enter nursing homes outside of their communities. For example, a senior from Yarmouth may wish to enter a nursing home in Truro, if that is where his or her family lives. This choice was not always available before 2002.

By co-ordinating nursing-home access, government now has access to reliable statistics on the need and associated wait times for nursing home beds. This information will be considered as part of the review of services for seniors, to determine the need for more nursing-home beds in the province.

Support for the quality of care in nursing homes is also growing. As one example, seniors with aggressive or challenging behaviours can hurt themselves or may hurt people around them. In 2003–04, \$400,000 will be invested to begin work that improves care for seniors with challenging behaviours.

During the first year of work around challenging behaviours, an education planning and advisory committee is being formed to develop appropriate training and supports for staff, which in turn will improve care for seniors.<sup>24</sup> Issues such as additional staff with expertise in challenging behaviours for nursing homes, community-based teams, intervention services, and financial resources will also be considered.

## **Affordable Nursing Home Care**

The decision to enter a nursing home is often difficult and emotional for seniors and their families. When the time comes, seniors deserve to be treated with dignity and be without fear that their families will experience financial hardship because of their decision.

Seniors understand that they must contribute to the cost of their care, much as they would if they lived at home. However, they want to have more of their life-time possessions and earnings protected for their families.

In November 2002, government announced \$4 million for the first phase of its plan to ease seniors' financial burden and worry. The plan protects more assets from the financial-assessment process that determines what seniors should contribute toward their care.

Specifically, cottages, woodlots, land, the family car, life insurance, and contributions to registered education savings plans will be protected. As well, \$25,000 in savings can be

24. The education and planning committee will be composed of representatives from the Alzheimer Society, government, continuing care, and mental health.

protected for the senior's spouse or dependent children. This adds to the list of previously protected assets, which includes the family home and contents, prepaid funeral expenses, veterans' pensions, some federal refunds and tax credits, and wage income and business ownership by a spouse living at home.

Government will continue reducing nursing-home costs for seniors. Later this year, a multi-year plan will be released that will outline measures reducing the daily rate that seniors now pay.

## Affordable Drugs

Approximately 95,000 seniors are insured through the Nova Scotia Seniors' Pharmacare Program. Seniors pay 33 per cent of the cost of each individual prescription, until they reach a maximum annual co-pay of \$350. As well, some seniors pay an annual premium to a maximum of \$336.

With the increase in the number of seniors, and the increased cost of medications, the costs associated with the Seniors' Pharmacare Program have also increased.

Government is taking steps to keep drugs affordable:

- Nova Scotia is the only Atlantic province that caps the annual per prescription contribution for all seniors.
- In 2002, government exempted or reduced the annual premium payments for an additional 7,000 seniors. This brings the number of seniors not paying an annual premium, or paying a reduced premium, to almost 55,000 out of the 95,000 seniors who are insured through the Seniors' Pharmacare Program.
- In 2003, government is investing approximately \$10 million to freeze the premium and co-pay at current levels.
- Seniors who use expensive drugs will no longer pay more than \$30 toward the cost of each individual prescription. For example, seniors now pay \$49.50 for a prescription that costs \$150. Starting on April 1, they will only pay \$30.

**\$10 million invested to freeze premium and co-pay; cap on prescription cost**

The province also works with doctors, Dalhousie Continuing Education, pharmacists, and the other Atlantic provinces to find ways to control the growth in drug costs. For example, Nova

Scotia is the first province in Canada to provide continuing education for doctors on the most effective and appropriate use of drugs. This is an important balance to the information provided by drug companies who may promote more expensive drugs than are medically necessary.

As well, Nova Scotia is part of the Atlantic Formulary Review Committee, a group of medical experts who review the effectiveness of new drugs before they can be listed for pharmacare coverage.

Finally, the provinces and federal government are working on a plan to help keep high-cost drugs affordable. The plan will consider both the costs of certain medications and an individual's income. This will benefit seniors and all Nova Scotians who are without, or have limited, drug insurance.

# Expanding Access to Health Services Close to Home

Giving families faster and easier access to essential health services in their communities

In 1999, government replaced the four large regional health boards with nine district health authorities. The district health authorities, supported by community health boards, work with communities in defining and delivering important health-care services in innovative, as well as traditional, ways.

For example, specialists who work in larger communities are teaming with family doctors and booking appointments for patients in their own communities. A range of clinics—from foot care to women's health—are offered in community centres. As well, mobile medical equipment, such as the breast-cancer screening unit, is being brought into communities.

The value of more community involvement is clear. Our health is affected by everything about us, and everything around us—our genetics and gender, our education, ethnicity, and environment, our income level and interests, our culture and communities, and more.

## Primary Health Care Renewal

This is the basis of what is known nationally and in Nova Scotia as “primary health care renewal.” Our plan for primary health and health care renewal involves positively influencing the many factors that affect health through

- a team approach to health and health-care delivery
- 24-7 access to essential health services
- technology to support access to and quality of care
- care for people of all ages and cultures

Between 2003 and 2005, approximately \$17 million will be available to support this plan through Health Canada's Primary Health Care Transition Fund, added to provincial funding provided to district health authorities. This funding will be invested in professional development and support for health teams, more nurse practitioners, health promotion, community consultation, and electronic patient records (see p. 43).

## A Team Approach

Traditionally, doctors have worked in solo practices. Working together, doctors and other health-care providers can provide care in more hours of the day and more days of the week.

Team members can range from nurses to nutritionists, doctors to dieticians, counsellors to cancer specialists. In turn, these teams will be linked to community groups who can provide support in delivering services for families close to home.

Nurse practitioners are new members of the health-care team. Along with promoting good health, they are able to help prevent, diagnose, and manage some diseases in co-operation with family doctors. Generally, nurse practitioners split their time between seeing patients and providing services in communities. They are also able to write some prescriptions.

This team approach—including nurse practitioners—has been tested in five Nova Scotia communities.<sup>25</sup> In each case, the traditional health-care services have been expanded to include things such as health promotion, social work, pharmacy, mental health, literacy programs, support for addictions, and beyond. In Long and Brier Islands, paramedics are active members of the health-care teams, providing blood pressure checks and blood tests in people's homes.

Evaluations of this approach will be completed in spring 2003. What is learned from this work will support health-care teams, including nurse practitioners in more communities.

## 24-7 Access to Essential Health Services

### A World-Class Ambulance System

Approximately 85,000 Nova Scotians are transported by ambulance annually.<sup>26</sup>

Nova Scotians already have access to emergency health care services, 24 hours a day, seven days a week, through its land- and air-ambulance system.

An experienced 9-1-1 operator is only a phone call away. And an ambulance, with highly trained paramedics, will arrive at your home or at the scene of an accident within nine minutes in almost 7 out of 10 calls.<sup>27</sup>

25. The communities are North End Halifax, Caledonia (Queens County), Long and Brier Islands, Pictou, and Springhill.

26. Nova Scotia. Department of Health. Emergency Health Services. *Annual Report 2001-2002* (Halifax: The Department, 2002), p. 7.

27. Same as footnote 26.

In 2001-02, our Lifeflight air ambulance transported more than 600 patients<sup>28</sup>

A recent study showed that a person's chance of surviving a heart attack increased by 16 per cent when Medical First Response was available<sup>29</sup>

In fact, Nova Scotia's paramedics and 9-1-1 emergency operators have been recognized as being among the best in North America. More significantly, they save lives.

Statistics on ambulance response times, survival rates, and other measures of the effectiveness of Nova Scotia's ambulance system are now being monitored. Results will be reported annually in the *Minister's Report to Patients* (see p. 31).

Rural communities are further supported by dedicated and trained community volunteers, known as Medical First Responders. These people can arrive in your home and provide emergency care even before the ambulance arrives.

## Telecare

A telephone call can never replace direct contact with a family doctor, nurse practitioner, or other health-care professional. However, new parents or anyone with a health question in mind can benefit from some reassuring advice that saves a trip to the doctor's office or emergency room.

In partnership with the other Atlantic provinces, Nova Scotia has submitted a proposal to Health Canada to develop a telecare line, interactive Web site, and audio-tapes, in French and English. The telecare line would give all Nova Scotians around-the-clock access to the advice of a nurse or health-care professional.

It may be as simple as how to comfort a child with a low-grade temperature. Or it may be advice on how an over-the-counter medication could interact with a prescription. In every case, the health professional will always refer any potentially serious cases to the nearest clinic, health professional, or hospital.

New Brunswick already has a telecare line and is the lead province in the Atlantic proposal. The proposal was submitted in winter 2003, in hopes that planning can occur in late 2003 for the telecare line to be up and running in 2004.

28. Same as footnote 26, p. 8.

29. Same as footnote 26, p. 27.

## Technology to Improve Access to and Quality of Care

### Telehealth

Nova Scotia is a national leader in telehealth

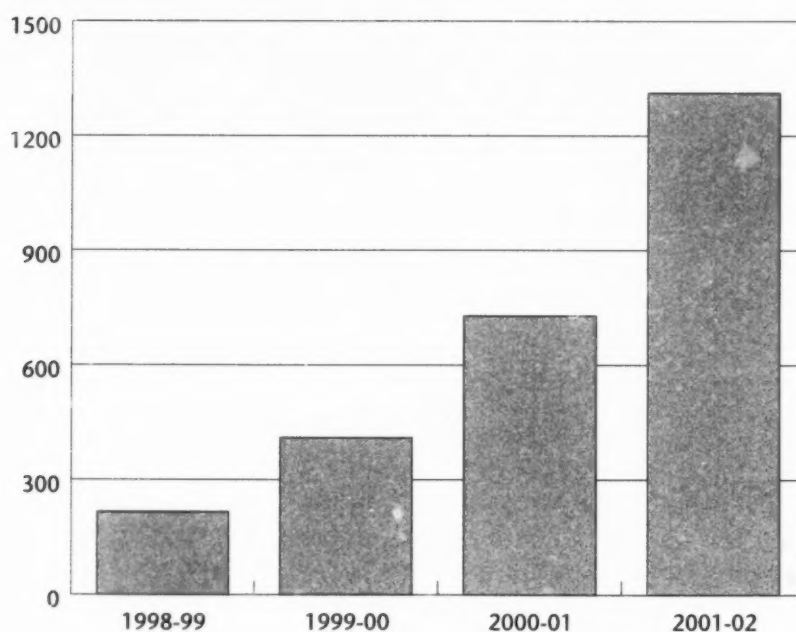
More patients and health-care professionals are benefiting from telehealth

Nova Scotia's telehealth network connects every hospital in Nova Scotia with a sophisticated video-conference system. Doctors can see and talk to doctors at other hospitals, patients and doctors can consult specialists, doctors can get a second opinion on test results from a specialist in another hospital, and educators can provide professional development for health-care providers across the province.

Most patients are enthusiastic about telehealth because they can see a specialist without leaving their home communities. As well, patients can see their specialist with their family doctor by their side.

The number of patients receiving advice through telehealth consultations has increased from just over 400 in 1999-2000 to more than 1,300 in 2001-02. In that same year, almost 13,000 doctors and radiologists exchanged x-rays and test results using the telehealth system.

Telehealth Patient Consultations, 1998-2001



## Electronic Patient Records and a Hospital Information System

A person's health information is usually kept at the local clinic, hospital, or doctor's office. However, integrated, patient-focused care requires that all information about a patient be available wherever that patient requires care, not in paper files scattered among multiple sites.

Nova Scotia is a leader in developing electronic patient records that support health-care professionals in providing the best possible diagnosis, care, and treatment.

Over time, a new hospital information system will enable the health records of Nova Scotians to travel with them wherever they access care in the province. In developing this work, Nova Scotia is committed to balancing the need for appropriate access to information with protection and respect for patients' privacy.

The basis of the system is a shared electronic record. Health-care providers with responsibility for a patient's care can access this record and enter a patient's health history, medications, test results, and other relevant health information.

As well, the hospital information system allows the patient's records and test results to be shared from one hospital to another. This can mean the difference between life and death when patients are unable to provide their own health information.

This also gives all members of the health care team access to the most recent information on drugs and medical practice. As one example, a doctor will be immediately alerted if a prescription could interact with a patient's allergies or other medications. Doctors are also alerted to the most recent evidence on drugs and treatments to support them as they make decisions on their patients' care.

**\$57 million** being invested over five years to support patient care through technology

The hospital information system, which supports the electronic patient records, is currently being put in place in Guysborough-Antigonish-Strait Health Authority. It is expected to be available province wide by the end of 2005.

Electronic patient records are also being introduced to support the work of the health-care teams in primary care. The electronic patient records are giving team members responsible for a patient's care access to health information from previous visits. For example, a nurse practitioner doing a well-baby check-up can access information on any health issues at the time of, or since, birth.

This shared access also reduces delays from lost records and eliminates the need for patients to repeat their health history each time they visit a different health professional. As well, the electronic patient record gives clinics automated alerts, so they, in turn, can alert patients when their annual check-ups are due or their test results are returned.

Over time, health professionals in doctors' offices, pharmacies, ambulances, nursing homes, hospitals, and other centres will be able to access relevant information within the electronic patient records. This will enable health-care information to always travel with patients, helping health professionals provide the best possible care.

## Care for People of All Ages and Cultures

Nova Scotians want a wide range of health-care services available to them throughout their lives, from public health nurse visits to newborns and their families, to health promotion for teens, to compassionate care as life draws to a close.

The range of available services across the province varies and is growing. Along with services for seniors and services to help people stay healthy, referenced elsewhere in *Your Health Matters*, primary care and hospital and health-care services must be accessible for people of all ages and cultures reasonably close to home.

Beyond what have already been described, these services include

- family medicine
- mental health
- care that responds to the needs of diverse communities
- hospital care
- cardiac care
- cancer care

## Family Medicine

More Nova Scotians have access to a family doctor than any other province except New Brunswick.<sup>30</sup>

At the same time, families should never be without access to a doctor or health-care professional for their children. As training and recruitment efforts continue to bring more doctors to Nova Scotia communities, access will continue to grow. As well, the creation of family-medicine or health-care teams, including nurse practitioners who work closely with family doctors, will expand, ensuring that all families have access to the health care they need.

## Mental Health Services

First province in Canada to have standards for mental health services

In February 2003, government released its strategic direction for mental health, and Nova Scotia is the first province in Canada to have standards to support this direction. The direction and standards were developed by more than 200 Nova Scotians, including mental health professionals, advocacy groups, people who use mental health services, and members of their families.

The strategy and standards include services for children and youth, people in communities, and shorter wait lists to see mental health professionals. The new standards include appropriate numbers of and qualifications for staff, timely access to emergency care and treatment, and follow-up with patients after a hospital discharge.

\$2 million being invested in 2003–04, \$3.1 million in 2004–05 for community-based teams and residential centre for children and youth

Beginning in Halifax and Cape Breton, intensive community-based treatment teams will work with children and youth with severe mental health or behavioural disorders. The goal is to work closely with them and with their families to provide the help they need in their own communities.

A residential rehabilitation treatment centre for children will open in Halifax in summer 2003. The centre will have 12 beds, and provide professional care and security that previously could only be provided outside Nova Scotia for most children. Children and youth from all parts of the province will be able to receive care in this facility.

30. Same as footnote 1. About 94 per cent of Nova Scotians over age 15 have access to a family doctor—above the national average of 88 per cent and second only to New Brunswick.

In 2003–04, an additional \$2 million will be provided to expand services in all districts, including funding for mental health professionals to work with children and youth. These professionals will work with existing staff in the 50 community mental health clinics, using a team approach in providing services across districts.

Additional priorities for 2003–04 include

- community supports for people of all ages, such as supportive work environments, training programs, and social and recreational programs
- services for seniors, including services for seniors in nursing homes
- the development of crisis services in all districts

### **Care that Responds to the Needs of Diverse Communities**

Nova Scotia's plan for primary health care renewal recognizes the need for services that respond to the "cultural, racial and spiritual experiences of individuals, families, and communities." In 2003–04, the Department of Health will involve primary health-care leaders and culturally diverse populations, including African Canadians, First Nations, Acadians, Francophones, and immigrants, to develop guidelines and policies that address diversity and social inclusion issues, as they relate to race, ethnicity, language, and culture.

### **Hospital Care**

People will always need places to go when they are sick. Nova Scotians deserve to know that if they get hurt or sick, they will get a bed in a hospital with enough doctors and nurses to provide high-quality care. The stability of multi-year funding, described on p. 6, should help provide this assurance.

At the same time, the use of hospitals is changing in Nova Scotia and across the country. As a result of medical advances, many treatments and procedures that once required a lengthy hospital stay can now be done on an out-patient basis. For example, the number of in-patient surgeries has decreased from 128,000 in 1995 to 114,000 in 1999. This downward trend is continuing and will influence how hospital services are delivered.<sup>31</sup>

31. Nova Scotia. Department of Health. *Making Better Health Care Decisions for Nova Scotia: A Report by the Clinical Services Steering Committee* (Halifax: The Department, 2001), p. 10.

Despite these changes, people want as many hospital services as close to home as possible. At the same time, issues of quality and safety need to be balanced with accessibility to all services in every community.

For example, specialists available to work in hospitals are in short supply, not just in Nova Scotia, but across North America. This requires district health authorities to work with their hospitals and health professionals on staffing plans that make specialists available to as many people as possible.

As well, the declining rural population means some doctors see fewer patients. If doctors are not seeing and treating enough patients in their specialty, they may need to move to another centre to remain current. Doctors may also benefit from the expertise of colleagues or more medical equipment in a larger hospital, which could improve or save a patient's life. For these very reasons, cardiac surgeries are performed in Halifax only, where cardiac surgeons provide a level of care as good as, or better than, anywhere else in the country.

No one wants to see a service lost or a bed closed. But the focus must always be on how care can be delivered safely, in a setting that provides the greatest benefits to a patient's health, reasonably close to home. District health authorities will continue to work with their health professionals and communities to meet this goal.

## **Cardiac Care**

The way in which cardiac care is delivered in Nova Scotia has changed dramatically and is an excellent example of how health-care teams can work with communities, families, and individuals to improve care for patients.

The cardiac care program, Improving Cardiovascular Outcomes in Nova Scotia (ICONS), has been funded by government since 2001.

The program is co-ordinated provincially, but has the greatest benefits for patients in communities. Doctors, nurses, pharmacists, researchers, and patients all work together and share information to manage heart disease and improve cardiac care.

From October 1997 to December 2000, Nova Scotia has witnessed a 16 per cent reduction in the number of patients returning to hospital after a heart attack

Patients are provided regularly with the most current information on how to stay healthy. Pharmacists, researchers, and other medical experts ensure that patients receive the most effective drugs and treatments. Patients are frequently tested, and their response to different medications is closely monitored.

Not only is ICONS helping to save lives, but the program assists health-care professionals and patients to improve the quality of life for people after a heart attack.

## Cancer Care

Cancer care is also being provided closer to home, involving a team of health-care providers, who work closely with patients and their families. As one example, cancer specialists in Halifax and Sydney have been making monthly visits to outreach clinics in other communities since spring 2000.

In 2001, a new support program for cancer patients, Patient Navigation, began being piloted in three health districts and has helped more than 600 patients.

"Patient navigators" are health-care professionals. Patients and their families are linked with a navigator immediately upon diagnosis. The navigator, supported by cancer site teams, can answer a patient's questions and link them to available community services, from transportation, to babysitting, to support to return to work.

The patient navigation system is a support to family doctors, too. Now they can tap into a network of expertise that helps them help their patients.

As part of the pilot process, a survey of African Canadians was conducted that identified ways to enhance cancer care for African Canadians. As a result, an African Canadian health professional and cancer survivor has been hired to work with diverse communities. This liaison officer will work on building awareness about cancer prevention, care, and services offered in the community.

"When my doctor told me I had cancer, you could have knocked me over with a feather. I had so many questions, but by the time I got home, Charlene (the patient navigator) had called. She came to the house, listened to my questions, sent me information on the Internet, and straightened everything out. I don't know what I would have done otherwise."<sup>33</sup>

— cancer survivor

33. Nova Scotia. Department of Health. Cancer Care Nova Scotia. "Patient Navigators: Helping Cancer Patients Find their Way." *Cancer Care: Many Minds, Many Hearts, One Goal Newsletter*, 3:4 (September 2002), p. 1.

## **Compassionate End-of-Life Care**

Evaluation of the pilots is getting under way in March 2003. The evaluation will consider the impact of Patient Navigation on patients, families, and health professionals, as well as how the program has affected the development, organization, and use of cancer services.

The results of the evaluation, expected in November 2003, will be used to plan how support for cancer patients can be extended to more parts of the province.

End-of life and palliative care represent a combination of services that address the physical, psychological, social, spiritual, and practical needs of individuals as they approach the end of life. In Nova Scotia, access to palliative care services varies greatly across the province.

In 2000, the Department of Health began working with three health districts on a model for rural palliative home care.

This model includes teams of health-care professionals, including doctors, nurses, and social workers, focused on the needs of the patients and their families. The model also considers more respite and access to shift nursing at home, as well as coverage of drug costs. This allows patients to be close to their families and frees up expensive hospital beds, when care at home is preferred and possible.

Government is now looking at how this model could be applied provincewide. Four working groups have been established looking at issues including patient and family care, human resources, education, and evaluation. These groups began meeting in February and March 2003, and include representatives from Cancer Care Nova Scotia, the Nova Scotia Hospice Palliative Care Association, the Medical Society of Nova Scotia, government, caregivers, and other key health partners.

Preliminary recommendations are expected in fall 2003, to support planning for the 2004–05 budget year.



# Conclusion

*Your Health Matters* is a plan focused on people

More effort must be made to help people stay healthy, through health promotion and primary care renewal. Second, the plan is focused on the needs of the people requiring care, as well as the people who provide it.

Guaranteed, multi-year funding and good planning are the foundation. Both support efforts to train, recruit, and retain more health-care professionals, which in turn can provide Nova Scotians of all ages with faster access to tests, treatment, and care and more health services close to home.

The plan is also being fueled by innovation and ingenuity by the people in our communities, where health services are being delivered in different ways. As well, Nova Scotia's leadership and accomplishments in research, from work in brain injuries to biogenetics, not only lead to medical advances, but attract other researchers, doctors, and health professionals who support the quality of care.

This, the last page of *Your Health Matters*, is far from the end of the story. The challenges in health care are significant in this province, as they are across North America. Progress will occur only through continued discussions, and planning that, again, involves people interested in health promotion, people who need care, and the people who provide it. Increased public reporting and accountability will help inform continued planning and discussions.

If you have ideas, questions, or comments to share as you read *Your Health Matters*, you can do so by

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Your feedback is welcome, and needed, as we work together to support better health and health care for Nova Scotians.



## Appendix A: Occupational Profiles

Comprehensive research is being conducted on 29 health occupations in Nova Scotia. Those occupations are

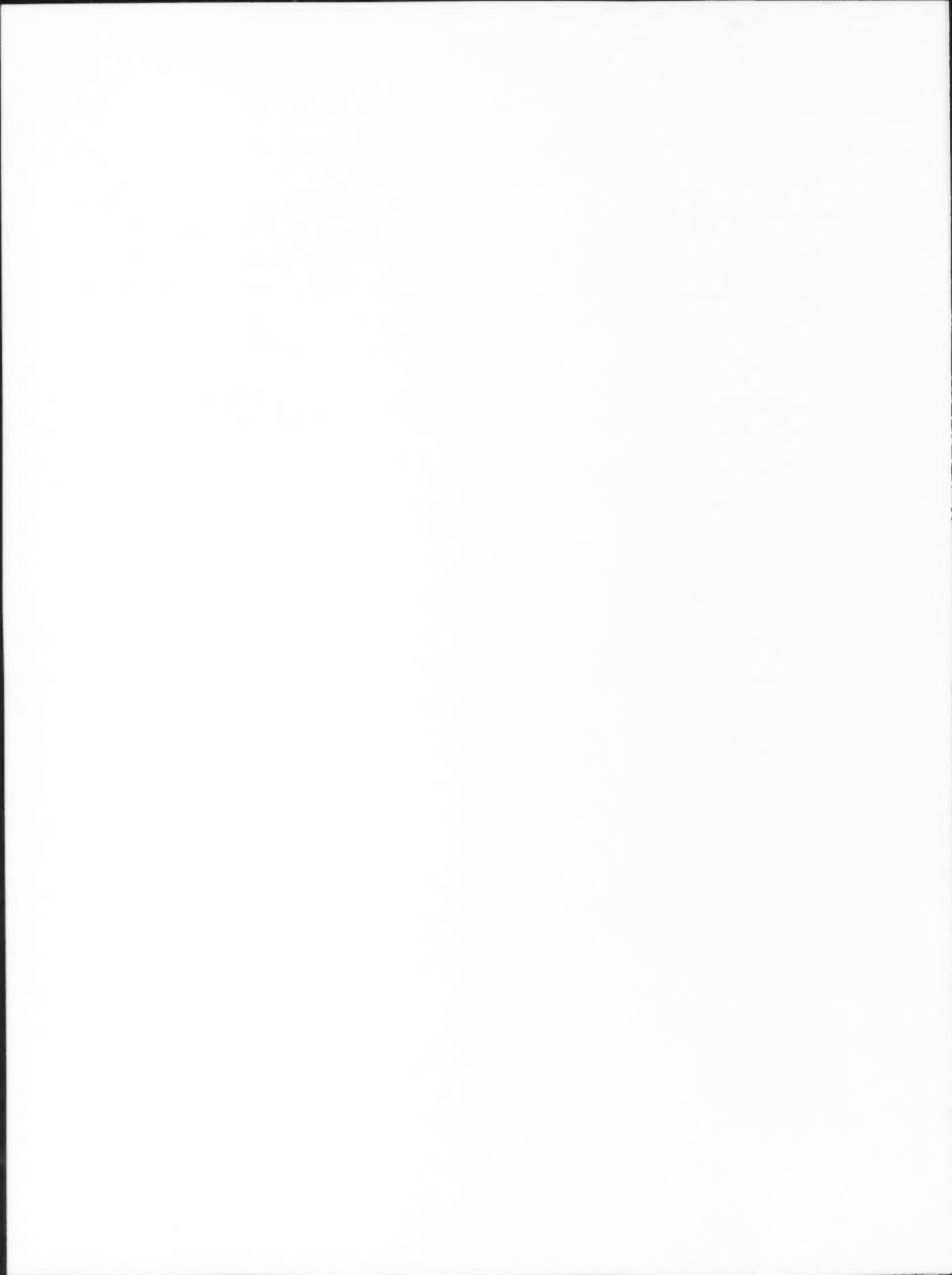
- Audiologists
- Occupational Therapists
- Chiropractors
- Opticians
- Community Residential Workers
- Optometrists
- Dental Hygienists
- Paramedics
- Dental Technicians
- Personal Care Workers
- Dental Assistants
- Pharmacists
- Dentists
- Physicians
- Denturists
- Physiotherapists
- Dieticians
- Psychologists
- Health Service Managers
- Recreation Therapists/  
Recreation Therapist Assistants
- Home Support Workers
- Registered Nurses
- Licensed Practical Nurses
- Respiratory Therapists
- Massage Therapists
- Social Workers
- Medical Laboratory Technologists
- Speech Language Pathologists
- Medical Radiation Technologists

The research includes

- the number of people working in each occupation in 2001
- where they are working and in what specialty
- education and training requirements
- age, gender, and other demographic information
- projections on the future needs for health-care professionals, including numbers, location, specialties, and training needs

Much of this research will be completed and released in spring 2003, along with an analysis of training and workplace issues. The information will then be used to develop health human resource strategic actions in 2003–04.

Like the research, strategic actions will be developed in consultation with employers, unions, professional associations, and training institutions.



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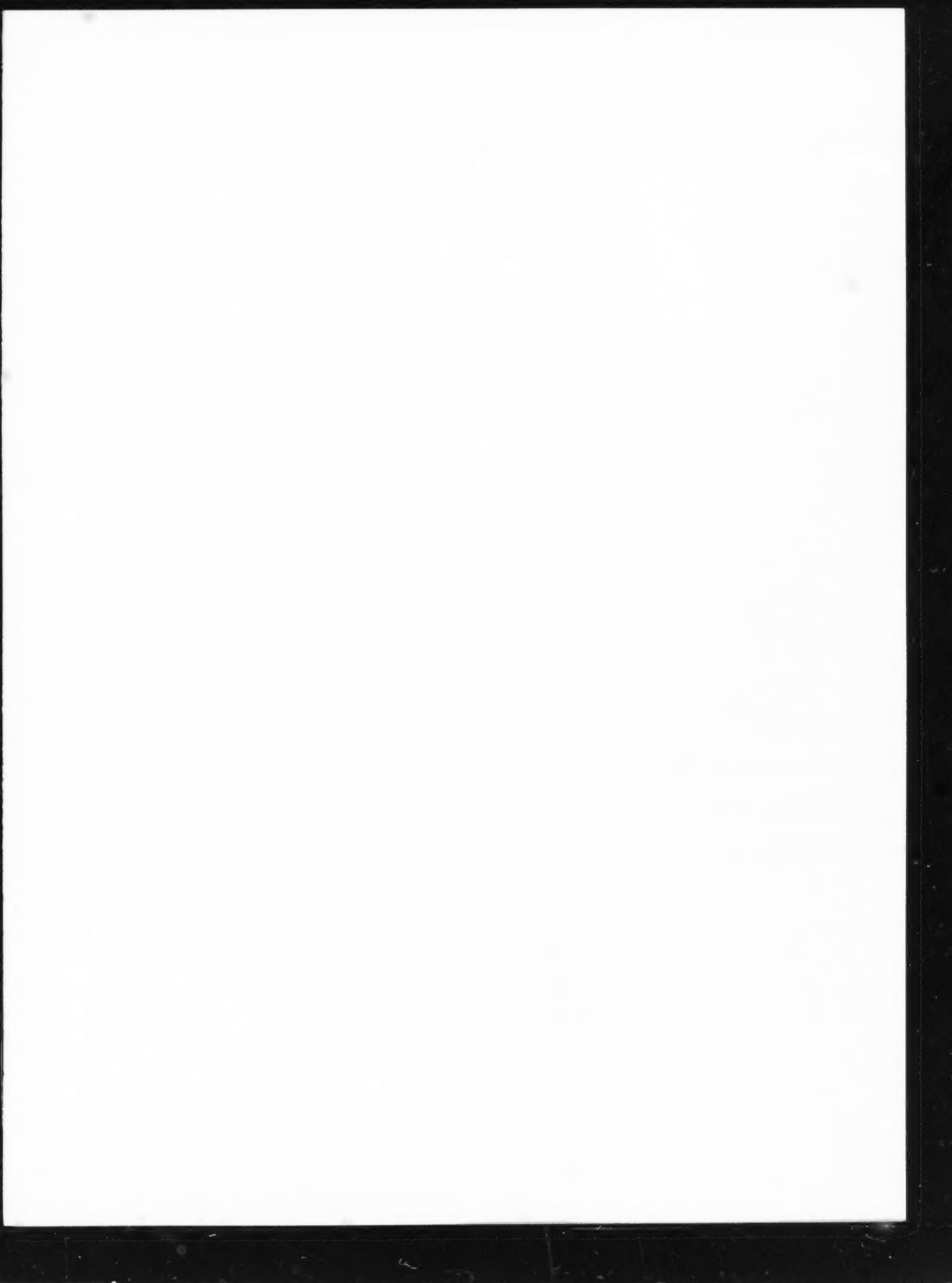
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